



9-81-6

Atty. Dkt. No. 040447-0238

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Takayuki ASAII
Title: OBJECT FILTERING
METHOD AND CLIENT
DEVICE USING THE SAME
Appl. No.: 09/975,505
Filing Date: 10/12/2001
Examiner: England, David E.
Art Unit: 2143
Confirmation No: 9792

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV830404337-US 9-19-06 (Express Mail Label Number)	(Date of Deposit)
<u>Butchie Vallesco</u> (Printed Name)	
<u>JK</u> (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated June 20, 2006, finally rejecting claims 1-24.

Applicant claims small entity status.

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

Not required (Fee paid in prior appeal)

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The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$500.00

A credit card payment form in the amount of \$500.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 9/19/08

By



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